

PLAN YEAR 2004

SUPPLEMENT FOR

**Boyd, Carter, Elliott, Greenup, Henderson,
Lawrence and Union Counties**



**Personnel Cabinet
Public Employee
Health Insurance Handbook**

Attention

Employees of Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union Counties.

The Personnel Cabinet, Office of Public Employee Health Insurance (OPEHI), announces that contracts have been signed to provide health insurance coverage for 2004 to public employees living and/or working in Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union Counties.

The following will provide you with information regarding the carrier and plan availability in Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union Counties.

We apologize for any inconvenience this delay may have caused. If you should have any questions regarding this information, please feel free to contact our Member Services Branch at 1-888-581-8834.

Extended Open Enrollment Dates

For employees living in and/or working in Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union Counties, the annual Open Enrollment period has been extended. Employees will have from September 15, 2003 until October 17, 2003 to submit an application to their agency's Health Insurance Coordinator.

2004 Availability Chart
Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union
Counties

	Bluegrass Family Health				CHA Health				Humana				Employer Contribution OR Lowest Cost Single Option A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
	091	092	093	095	101	102	106	107	151	162	143	145	
Boyd													\$436.00
Carter													\$436.00
Elliott													\$436.00
Greenup													\$436.00
Henderson													\$436.00
Lawrence													\$436.00
Union													\$436.00

2004 Health Insurance Rates
Boyd, Carter, Elliott, Greenup, Henderson, Lawrence and Union
Counties

CODE	PPO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
106	CHA Health	436.00	392.48	654.00	588.72	981.00	883.08	1090.00	981.20

THERE ARE NO OUT-OF-NETWORK SERVICES FOR THE EPO PLAN.

CODE	EPO	SINGLE	PARENT PLUS	COUPLE	FAMILY
107	CHA Health	356.32	534.48	801.72	890.80